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A Classification of Components of Workplace Disability Management Programs: Results from a Systematic Review

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Workplace Disability Management Programs Promoting Return to Work: A Systematic Review

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REVIEW

A Classification of Components of Workplace Disability Management Programs: Results from a Systematic Review

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Abstract *Purpose:* This paper presents results from a Campbell systematic review on the nature and effectiveness of workplace disability management programs (WPDM) promoting return to work (RTW), as implemented and practiced by employers. A classification of WPDM program components, based on the review results, is proposed. *Methods:* Twelve databases were searched between 1948 to July 2010 for peer-reviewed studies of WPDM programs provided by employers to re-entering workers with occupational or non-occupational illnesses or injuries. Screening of articles, risk of bias assessment and data extraction were conducted in pairs of reviewers. Studies were clustered around various dimensions of the design and context of programs. *Results:* 16,932 records were identified by the initial search. 599 papers were assessed for relevance. Thirteen studies met inclusion

criteria. Twelve peer reviewed articles (two non-randomized studies, and ten single group experimental before and after studies), including ten different WPDM programs informed the synthesis of results. Narrative descriptions of the included program characteristics provided insight on program scope, components, procedures and human resources involved. However, there were insufficient data on the characteristics of the sample and the effect sizes were uncertain. A taxonomy classifying policies and practices around WPDM programs is proposed. *Conclusion:* There is insufficient evidence to draw conclusions on the effectiveness of employer provided WPDM programs promoting RTW. It was not possible to determine if specific program components or specific sets of components are driving effectiveness. The proposed taxonomy may guide future WPDM program evaluation and clarify the

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This part presents

- Results from a Campbell systematic review on the effectiveness of workplace disability management programs (WPDM) promoting return to work (RTW), as implemented and practiced by employers.
- And a classification of WPDM program components, based on the review results will be presented.

Workplace disability management programs (WDMP)

- Disability management programs are emerging in business and industry as well as in private and public rehabilitation.
- However, the contents and effectiveness of these policies and practices are insufficient.

The presence of a WPDM program refers to;

- “in-house” DM or RTW programs managed and implemented at the workplace,
- provided by the employer or initiated through a company-wide department in collaboration with key players in the workplace,
- addressing the duration and/or extent of an inability to work due to physical injury, mental health disorders or other illnesses, and describing a clear linkage between planned research interventions and a program provided.

The presence of a WPDM program refers to

- A clear restriction was placed on the providers and the content of programs included in the review, excluding other types of system or clinical based DM or RTW programs, such as insurer and health-care driven programs within workers comp. and clinical settings.

- The challenge was to distinguish between outsourced provider-based interventions with some form of tie into the workplace; hybrid interventions with partial employer integration, and integrated in-house employer provided interventions.
- Second challenge was to assess whether DM interventions were stand-alone interventions or components with a clear linkage to a WPDM program offered

Table 1 WPDM program policies and practices

- Early contact and intervention
 - Provision of workplace accommodation
 - Modified and/or tailored work (schedule, duties)
 - Transitional work opportunities
 - Access to alternative placements
 - Workplace assessment
 - RTW-coordination or case-management
 - RTW-policies
 - Revision of workplace roles (redefine task and re-delegation of responsibilities)
 - Active employee participation
 - Joint labour-management commitment
 - Education of workplace staff (e.g. supervisors, OHS-representative, union member or case managers)
 - Multidisciplinary work-rehabilitation services; vocational (e.g. job-replacement, job sharing and job training), clinical either psychological (e.g. cognitive therapy, motivation or control exercise) or physical (e.g. graded activity, participatory ergonomics or work hardening).
 - Information systems to enhance accountability, on-going monitoring and evaluation
 - Preventive strategies to avoid disability (re-)occurrence
-

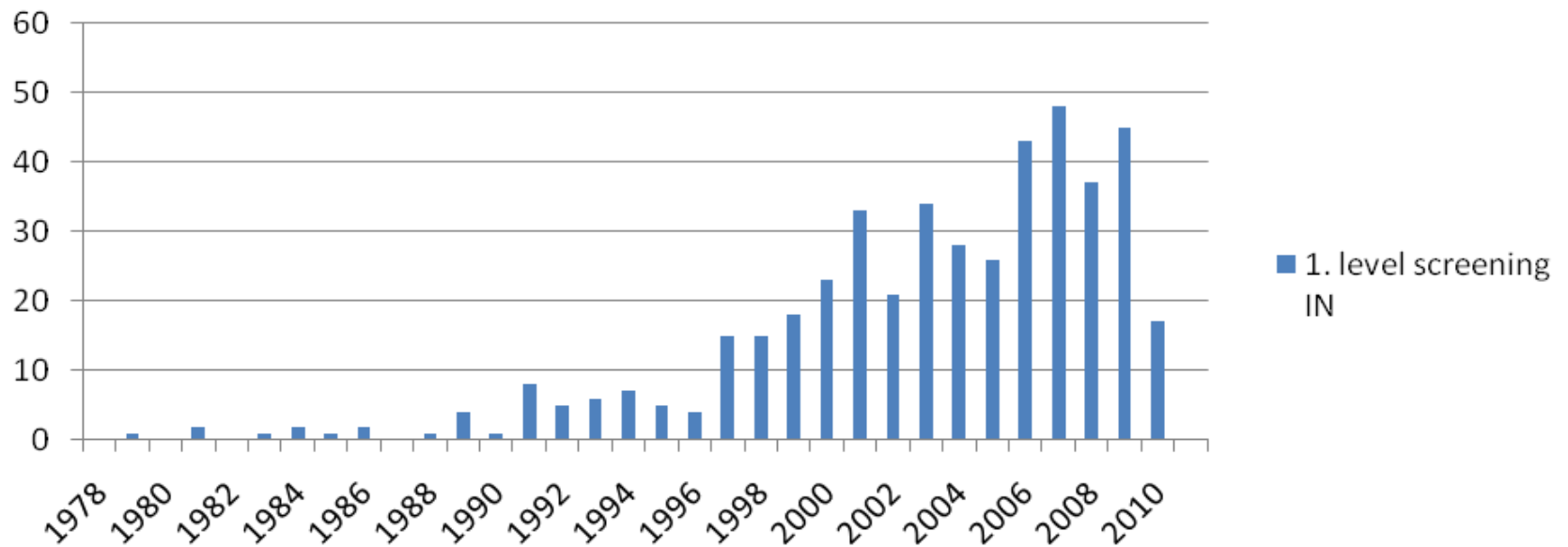
Data:

- Twelve databases were searched between 1948 to July 2010 for peer-reviewed studies of WPDM programs provided by employers to re-entering workers with occupational or non-occupational illnesses or injuries.
- Screening of articles, risk of bias assessment and data extraction were conducted in pairs of reviewers. Studies were clustered around various dimensions of the design and context of programs.

Data

- 16932 records were identified by the initial search.

Year of publication



All articles marked as included after 1. level screening sorted by year of publication

Data

- 599 papers were assessed for relevance.

Two years later!!!!!!!!!!

- 11 studies, including 11 different programs, meet inclusion criteria.

And Feuerstein killed

- Disability Management and Rehabilitation Program (Tate et al., 1987)

10 inkluderede studier

1. Prevention and Early Active Return-to-Work Safely Program (Yassi et al., 1995, Davies et al., 2004; Badii et al., 2006)
2. DisAbility Management Program (Skisak et al., 2006)
3. Personnel Return-to-Work Program (Wood 1987)
4. Workplace Return-to-Work Program (Gice & Tompkins, 1989)
5. Transitional Work Return Program (Breslin & Olsheski, 1996)
6. Return-to-Work Therapy and Light Duty Program (Allen & Ritzel, 1997)
7. Early Return-to-Work Program (Bernacki et al., 2000)
8. Short-Term Disability Management Program (Burton & Conti, 2000)
9. Occupational Management Program (Lemstra & Olszynski, 2003)
10. International MSI Disability Management Program (Bunn et al., 2006)

Program	Tailored condition	Scope	Human resources	Revision of workplace roles	Preventative strategies to avoid disability occurrence	Access to alternative placements	Education of workplace staff or case managers	Transitional work opportunities	Active employee participation	Joint labor-management commitment	Early contact & intervention	Disability case information and monitoring system	RTW coordinator or case management	Modified/tailored work	Workplace assessment	Physical rehabilitation services	Workplace accommodation	RTW policies	
Short-Term Disability Management Program [54]	Depression and hypertension, and other illnesses such as diabetes, mellitus, asthma and ulcer	Off work and pre-return	The Onsite Medical Disability Coordinator, Occupational Health Nurse, who supervised case management, Line Supervisors								☑	☑	☑	☑				☑	5
Personnel Return-to-Work Program [59]	Low back injuries	Primary prevention and off work	Management and supervisors		☑		☑				☑	☑						☑	6
Transitional Work Return Program [52]	Work-related injuries and illnesses	Pre-return and post return	Corporate Joint Labor-Management Committee. Onsite rehabilitation team including the Occupational Physician, Occupational Therapist, Supervisors, and various Labor-Management Representatives					☑		☑		☑	☑		☑	☑	☑	☑	8
Occupational Management Program [57]	Musculoskeletal low back and upper extremity disorders	Primary prevention, off work and pre-return	Corporate Physical Therapist and Supervisors		☑				☑	☑				☑	☑	☑	☑	☑	8
Workplace Return-to-Work Program [56]	Musculoskeletal strained spine or shoulder	Pre-return and post return	Onsite Physical Therapist and Supervisors			☑		☑	☑					☑	☑	☑	☑	☑	8
International MSI Disability Management Program [53]	Musculoskeletal back, hand, shoulder and wrist injuries	Off work and pre-return	Corporate Medical Service Department, Onsite Physicians and Physical Therapist				☑					☑	☑	☑	☑	☑	☑	☑	8
DisAbility Management Program [47]	Non occupational illness or injury such as uncontrolled diabetes, hypertension, pregnancy, low back conditions and chronic depression	Off work and pre-return	Corporate Health Services, and Human Resources, Benefit and Legal Department, Onsite Certified Case-Managers, Departmental Corporate Physicians, Local Occupational Nurses, and Supervisors				☑	☑	☑		☑	☑	☑			☑	☑	☑	9
Return-to-Work Therapy and Light Duty Program [49]	Musculoskeletal back and knee injuries	Pre-return and post return	A registered Occupational Therapist, Treating Staff Physician, and Supervisors			☑		☑	☑			☑		☑	☑	☑	☑	☑	9
Disability management and Rehabilitation Program [58]	Non-specific injury or illness	Off work and pre-return	Onsite disability management coordinator, labor-management representatives, supervisor			☑		☑		☑	☑	☑	☑	☑	☑	☑	☑	☑	11

Results

- There was insufficient data to calculate effect sizes and perform meta-analysis.
- Thus, we could not determine if specific programs or some set of components are driving effectiveness.

Results

- However, as the included program evaluations were rich in describing implementation issues, constituent components and program procedures a taxonomy were developed.

Taxonomy

- The taxonomy is based on a classification of components around two dimensions; intervention level (e.i. personal, workplace or system level) and RTW phase (pre RTW phase and sustainability phase)

	Disability phase (during sickness absence)	Sustainability phase (post RTW)
Personal level	e.g. contact while sick, graded activity program, design of modified work scheme	e.g. follow up on returnees
Organizational level	e.g. internal case management practice and coordination, practice for interorganizational job re- placing	e.g. follow up on returnees in respect to work group, department
System level	e.g. coordination with insurance party, health care system, case managing authorities	e.g. collaboration with external health care provider

A WPDM can potentially score between 0 and 6

In practice the taxonomy may provide a useful tool for company level RTW system analysis, that may clarify the setup of programs offered, and identify gaps in existing company strategies.

- The taxonomy could have included an initial “prevention” column to reflect the linkages with primary preventive occupational health and safety interventions, impacting safety climate, workplace risk, and occurrence of accidents and injuries

Primary and secondary prevention perspective

	Prevention phase	Disability phase (during sickness absence)	Sustainability phase (post RTW)
Personal level	e.g. occupational health and safety interventions,	e.g. contact while sick, graded activity program, design of modified work scheme	e.g. follow up on returnees
Organizational level	e.g. impacting safety climate, workplace risk, and occurrence of accidents and injuries	e.g. internal case management practice and coordination, practice for interorganizational job replacing	e.g. follow up on returnees in respect to work group, department
System level	e.g. e.g. coordination safety interventions with insurance party,, case managing authorities	e.g. coordination with insurance party, health care system, case managing authorities	e.g. collaboration with external health care provider

- Thank you for your patience!